

Special Clinics

Special Clinics authorized by the Division of Health Care Financing and Policy (DHCFP) include Community Health, Family Planning, Federally Qualified Health Centers (FQHCs), HIV, TB, Methadone, Rural Health (RHC), Special Children's clinics, School Based Health Centers (SBHC) and Substance Abuse Agency Model (SAAM) clinics.

Please see the Billing Guide for [Provider Type 17 \(Specialty 179\) – Special Clinics: School Based Health Centers \(SBHC\)](#) for specific information for this specialty.

Please see the Billing Guide for [Provider Type 17 \(Specialty 215\) – Special Clinics: Substance Abuse Agency Model \(SAAM\)](#) for specific information for this specialty.

Policy

Nevada Medicaid policy for Special Clinics is located in [Medicaid Services Manual \(MSM\)](#) Chapter 600 - Physicians. For Specialty 215 (SAAM), see MSM Chapter 400, Attachment B Policy #4-04.

Covered Services

Special Clinic services covered by Medicaid include methadone drug maintenance, therapy, immunizations, testing, family planning, nutrition and other services.

Smoking Cessation Counseling for Pregnant Women

As of October 13, 2011, CPT codes 99406 and 99407 are used to bill smoking cessation counseling for pregnant women only. For all other recipients, these services are billed using the appropriate Evaluation and Management (E&M) office visit code.

Prior Authorization

- For Specialty 179 (SBHC), refer to the Billing Guidelines for Provider Type 17 Specialty 179 and MSM Chapter 600 for PA requirements.
- For Specialty 215 (SAAM), refer to the Billing Guidelines for Provider Type 17 Specialty 215 and MSM Chapter 400, Attachment B Policy #4-04, for PA requirements.

Notes

Medicaid pays for **Medicare** coinsurance and deductible up to the Medicaid allowable amount.

Medicaid is the **payer of last resort with the exception of family planning services**. Family planning services may be billed directly to Medicaid without billing the third party.

Rural Health Clinics and FQHCs are paid an encounter rate. See MSM Chapter 600 for the lists of medical professionals included in the FQHC all-inclusive, daily outpatient encounter and covered and non-covered services.

For FQHC (specialty 181) encounter billing, please complete the CMS-1500 Claim Form and bill accordingly:

- DENTAL services: CPT code 41899 (Unlisted procedure, dentoalveolar structures)
 - FQHC's must bill CPT code 41899 under provider type 17 and not provider type 22.

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- **MEDICAL services:** Effective May 1, 2015, the following HCPCS codes replace T1015 (Clinic visit/encounter, all inclusive):
 - G0466 (New Patient Medical Visit)
 - G0467 (Established Patient Medical Visit)
 - G0468 (Annual Well Visit and/or Initial Preventive Physical Exam)
 - G0469 (New Patient Mental Health Visit)
 - G0470 (Established Patient Mental Health Visit)

Up to two times per calendar year the RHC/FQHC may bill for additional reimbursement for Family Planning Education when it is provided and documented in the patient's record, along with the encounter rate. Use CPT code 99401 (Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual).

FQHC ancillary services: Effective March 1, 2015, **non**-Health Resources and Services Administration (HRSA) ancillary services are billable to Nevada Medicaid under the appropriate provider type outside of the encounter. Per MSM Chapter 600:

- Ancillary services may be reimbursed on the same date of service as an encounter by a qualified Medicaid provider.
- The FQHC must enroll within the appropriate provider type and meet all MSM coverage guidelines for the specific ancillary service.
- Ancillary services billed outside of an encounter must follow prior authorization policy guidelines for the specific service provided.

For **anesthesia** services, see the [Anesthesia](#) billing instructions document on the Hewlett Packard Enterprise website (located in the "Billing Instructions (by Service Type)" table at the bottom of the Billing Information webpage).

Specialty 182 (Indian Health Services, Non-Tribal): Effective January 1, 2015, the encounters limitation for Indian Health Services (IHS), non-tribal, provider type 17 specialty 182 increased from three (3) visits per day to five (5) visits per day. IHS and tribal clinics may receive up to five (5) outpatient encounters per recipient, per day, by healthcare professionals as approved under the Nevada Medicaid State Plan. Each healthcare professional is considered an independent outpatient encounter.